



DRUG TREATMENT ISSUES

How available is methadone treatment in *Pulse Check* communities? Methadone maintenance is still not available in Billings or Sioux Falls. As reported in the past two *Pulse Check* issues, about half of the epidemiologic/ethnographic sources in the remaining cities—mainly in the South—consider methadone to be available in selected areas only, while the other half consider it available throughout their areas. Four sources (in Baltimore, Los Angeles, Seattle, and Washington, DC) report that methadone maintenance is somewhat more available since the last *Pulse Check*.

Five epidemiologic/ethnographic respondents report adequate capacity of public methadone maintenance, while seven (in Baltimore, Chicago, Detroit, El Paso, Honolulu, St. Louis, and Seattle) report having waiting periods of 1–12 months. Since the last *Pulse Check*, public methadone maintenance capacity has decreased somewhat in Chicago. Private capacity, however, has increased in four cities (Memphis, Miami, New Orleans, and Portland [ME]), although waiting lists are reported by six sources.

How has drug abuse impacted the health of clients in treatment? (*Exhibit 1*) Since the last *Pulse Check* reporting period, the impact of drug use on AIDS and HIV status seems to have stabilized in the majority of methadone and non-methadone programs, except as listed in exhibit 1. By contrast, reported cases of hepatitis C continue to increase among drug users in programs across the Nation, nearly always because of increased screening and awareness. High-risk pregnancies, drug-related auto

Exhibit 1.
How has illicit drug use impacted the health of users?

City/Source	Adverse Consequence	Comments
HIV/AIDS		
Baltimore, MD ^N Billings, MT ^N Philadelphia, PA ^M Seattle, WA ^M Washington, DC ^N	↑	Increased particularly among Blacks and those who inject Mostly due to unprotected sex and prostitution among drug users
Columbia, SC ^M Portland, ME ^N	↓	Heroin increased in potency so injection declined.
Hepatitis C		
Baltimore, MD ^{M,N} Billings, MT ^N Boston, MA ^N Chicago, IL ^M Denver, CO ^{M,N}	↑	Unsafe sex, sharing needles Sharing needles More testing; 85 percent of patients are positive More testing; about 75 percent of clients are positive More testing; 70 percent of clients are positive ^M ; many clients were originally diagnosed with hepatitis B, but have been retested with more sensitive tests that indicate hepatitis C
El Paso, TX ^N Los Angeles, CA ^M Miami, FL ^M Philadelphia, PA ^N Portland, ME ^{M,N} St. Louis, MO ^{M,N}	↑	Increases in injecting More testing has resulted in higher reported rates of hepatitis C More testing has resulted in higher reported rates of hepatitis C More testing has resulted in higher reported rates of hepatitis C More testing has resulted in higher reported rates of hepatitis C
Seattle, WA ^N Washington, DC ^M Memphis, TN ^M	↓	More testing; large problem, especially among people older than 40
Auto Accidents		
Billings, MT ^N Columbia, SC ^M Washington, DC	↑	
High-Risk Pregnancies		
Billings, MT ^N El Paso, TX ^M Los Angeles, CA ^M Seattle, WA ^N St. Louis, MO ^M Washington, DC ^N Columbia, SC ^M	↑	Clients are having unsafe sex and contracting STDs. More women are presenting at hospitals. Increasing, especially among young adults
Overdoses		
Billings, MT ^N Columbia, SC ^{N,M} Philadelphia, PA ^N Portland, ME ^{M,N} St. Louis, MO ^M Philadelphia, PA ^M	↑	Related to prescription opiates, especially OxyContin [®] and methamphetamine; stronger methamphetamine now available and causing ODs Increases in drug combinations, especially alcohol and prescription pills, such as alprazolam (Xanax [®]) or hydrocodone (Vicodin [®]) Higher quality of heroin available Increases in the combination of drugs including heroin, crack, and benzodiazepines
Tuberculosis (TB)		
Baltimore, MD ^N Boston, MA Columbia, SC ^M Memphis, TN ^M St. Louis, MO ^M	↑	Related to crack and nicotine use

Sources: Methadone and non-methadone treatment providers



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accidents, and overdoses (usually involving a combination of drugs) increased in several cities, but most levels remain stable. Tuberculosis (TB) has decreased in four cities and increased only in Baltimore.

What barriers face drug treatment in *Pulse Check* cities? (*Exhibit 2*) Methadone and non-methadone treatment programs across the country report many barriers to drug treatment. The most commonly mentioned barriers are limited slot capacity (a situation often caused by

lack of funding), lack of trained staff to treat comorbid mental health disorders, and violent behavior among presenting clients. Several sources (in Chicago, Honolulu, Los Angeles, Portland [ME], St. Louis, and Seattle) report that funding has recently been cut, which has decreased slot capacities and increased waiting lists. Other common barriers to treatment include lack of transportation for potential clients and difficulty recruiting trained staff. Many programs cannot treat clients younger than 18 years, but these clients are often referred to

programs designed especially for adolescents.

Have diagnoses of psychiatric comorbidity been shifting in treatment programs? Mood and conduct disorders are the most commonly reported mental health diagnoses among drug treatment clients, according to *Pulse Check* respondents. These types of diagnoses are generally stable, but increased levels or stable-at-high levels are reported in several cities:

Exhibit 2.

What are the barriers to drug treatment in different *Pulse Check* cities?

City	Limited slot capacity/ Waiting list	Lack of trained staff to treat comorbid clients	Violent behavior among clients	Comments	Other barriers
Baltimore, MD	✓	✓	✓	The program has 56 vacant slots but 545 on the waiting list. It is difficult to compete with private treatment programs' salaries for trained staff ^M .	Difficulty recruiting trained staff due to change in the certification process ^M ; lack of comprehensive services ^M ; lack of transportation or money for transportation ^N
Billings, MT	✓	✓	✓	This program lacks licensed addiction counselors ^N . Disruptive behavior disorders, especially among younger clients, seem to be increasing and problematic ^N .	
Boston, MA	✓		✓	This program turns away about 25 potential clients plus 3 drug treatment requests from jails per week ^N .	Difficulty recruiting trained staff ^M ; lack of recovery homes in the Boston area ^N
Chicago, IL	✓	✓	✓	The Illinois Department of Public Aid is cutting transportation by 75 percent ^M . Violence occurs if one particular gang is overrepresented within the program ^N .	Lack of transportation or money for transportation ^{M,N} ; lack of medical doctors ^M ; gang affiliation among clients ^N
Columbia, SC	✓	✓		These programs are hiring more staff within the next 6 months, so slot capacity should become more adequate ^{M,N} .	
Denver, CO	✓	✓		Demand outweighs resources for this program, and the funding is perceived as inadequate ^N . Treatment programs seem to have either substance abuse or mental health treatment services, but there is not enough overlap ^N .	
Detroit, MI	✓				Lack of trained staff ^M
El Paso, TX	✓	✓		More money and staff are needed to help with more clients ^M .	



■ **Billings, MT^N**: Recent increases in several diagnoses—including conduct disorder, psychosis, mood disorder, and suicidal thoughts and attempts—reflect the overall increase in the use of illegal drugs.

■ **Columbia, SC^M**: An increase in conduct disorders has resulted from clients unhappy about being held accountable for positive urinalyses.

■ **El Paso, TX^N**: An increase in conduct disorders among the younger age group reflects improved diagnostic capabilities. An increase in suicidal ideations is also noted.

■ **Memphis, TN^N**: Comorbidity is stable at high levels, reflecting a major need for the community's jail system to triage with the mental health system. Prisoners often

receive medication, such as antipsychotics, antidepressants, and mood stabilizers, while in jail. Often, however, they are released—sometimes at 2:00 or 3:00 a.m.—without discharge medications. Within a week, these individuals start decompensating. Some use cocaine or marijuana to stabilize their moods. Some end up in

Exhibit 2. (continued)

What are the barriers to drug treatment in different *Pulse Check* cities?

City	Limited slot capacity/ Waiting list	Lack of trained staff to treat comorbid clients	Violent behavior among clients	Comments	Other barriers
Honolulu, HI	✓	✓	✓	Funding is low and has been cut recently due to a poor economy ^N . Violent behavior among presenting clients is methamphetamine related ^N .	Lack of funding ^M
Los Angeles, CA	✓	✓		Funding has been cut recently ^N . Comorbid disorders have been increasing ^N .	Lack of funding, especially among low-income adults ^M ; lack of English language skills among students and parents ^N
Memphis, TN			✓		Lack of resources for drugs that don't require medical detox (especially marijuana and crack) ^N
Miami, FL	✓		✓	Funding is low ^N .	Lack of in-home treatment resources ^N ; lack of services to treat families as a whole ^N
New Orleans, LA	✓		✓		
New York, NY	✓	✓	✓	This program reports difficulty in hiring trained staff ^M . Many violent clients are mandated by the courts to participate in anger management courses ^N .	Clients unable to pay ^M ; lack of child care for clients ^M
Philadelphia, PA	✓	✓	✓	This program employs one psychiatrist with limited time per week, so they refer psychosis patients to mental health facilities that may lack expertise in substance addiction ^N .	Low reimbursement rates ^M
Portland, ME	✓	✓		This program reports chronic waiting lists ^N . The barrier of lack of trained staff to treat comorbid disorders is improving ^N .	
St. Louis, MO	✓	✓		Many State-funded detox services were cut recently ^N .	Lack of State funding ^N ; lack of safe, healthy, affordable, drug-free housing ^N
Seattle, WA	✓			One hundred people are currently wait-listed, and public subsidy slots have been filled since the beginning of year ^M . In the last 6 months, capacity has been halved due to funding cuts ^N .	Lack of mental health services in the county ^M ; lack of inpatient care ^M
Sioux Falls, SD	✓				Lack of funding ^N ; families not following recommendations ^N
Washington, DC	✓				



emergency departments and are subsequently referred to treatment.

- **St. Louis, MO^M:** Treatment staff are more aware of dual diagnoses than in the past and are working more closely with mental health centers. They are therefore increasingly diagnosing conduct disorders,

mood disorders, and suicidal thoughts and attempts.

- **St. Louis, MO^N:** The recent opening of an adolescent drug treatment program has led to an increase in diagnoses of conduct disorders. Additionally, large funding cuts in the private sector have led to more

people with drug-related psychosis, schizophrenia, depression, and bipolar disorders being referred to this program.

- **Seattle, WA^M:** An apparent increase in comorbidity diagnosis numbers actually reflects an increase in ancillary services.